FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P37678** **(0)**

1. Corporation Name

JACKSONVILLE-CHARLESTON SQUARE, INC.

Principal Place of Business	Mailing Address
500 E. MAIN ST. SUITE 500 NORFOLK VA 23510	POST OFFICE BOX 2680 NORFOLK VA 23501

2. Principal Place of Business 21 555 E. Main St. Suite, Apt. #, etc. 22 17th floor City & State 23 Norfolk, VA Zip 24 23510 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **02/27/1992**

3a. Date of Last Report: **05/19/1995**

4. FEI Number: **31-1343237** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

STONEBURNER, GRESHAM
50 NORTH LAURA ST.
SUITE 2750
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, typed or printed name of registered agent and title, if applicable) (Public Registered Agent signature required for reinstatement) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[ ] DELETE	11 TITLE	[X] Change	[ ] Addition
NAME	SLONE, JORDAN E		12 NAME		
STREET ADDRESS	500 E. MAIN ST., STE. 820		13 STREET ADDRESS	555 E. main St. 17th floor	
CITY-ST-ZIP	NORFOLK VA 23510		14 CITY-ST-ZIP	Norfolk, VA 23501	
TITLE	VP	[ ] DELETE	21 TITLE	[ ] Change	[ ] Addition
NAME	BANGEL, HERBERT K		22 NAME		
STREET ADDRESS	505 COURT ST.		23 STREET ADDRESS		
CITY-ST-ZIP	PORTSMOUTH VA 23705		24 CITY-ST-ZIP		
TITLE	S	[ ] DELETE	31 TITLE	[X] Change	[ ] Addition
NAME	CHILDERS, E. ROBERT		32 NAME		
STREET ADDRESS	500 E. MAIN ST., STE. 820		33 STREET ADDRESS	555 E. main St. 17th floor	
CITY-ST-ZIP	NORFOLK VA 23510		34 CITY-ST-ZIP	Norfolk, VA 23501	
TITLE		[ ] DELETE	41 TITLE	[ ] Change	[ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE	[ ] Change	[ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE	[ ] Change	[ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: E. Robert Childers 3-14-96 (804)640-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #